



MARYLAND DUALS CARE DELIVERY WORKGROUP

JULY 29, 2016 | 1:00-4:00 PM

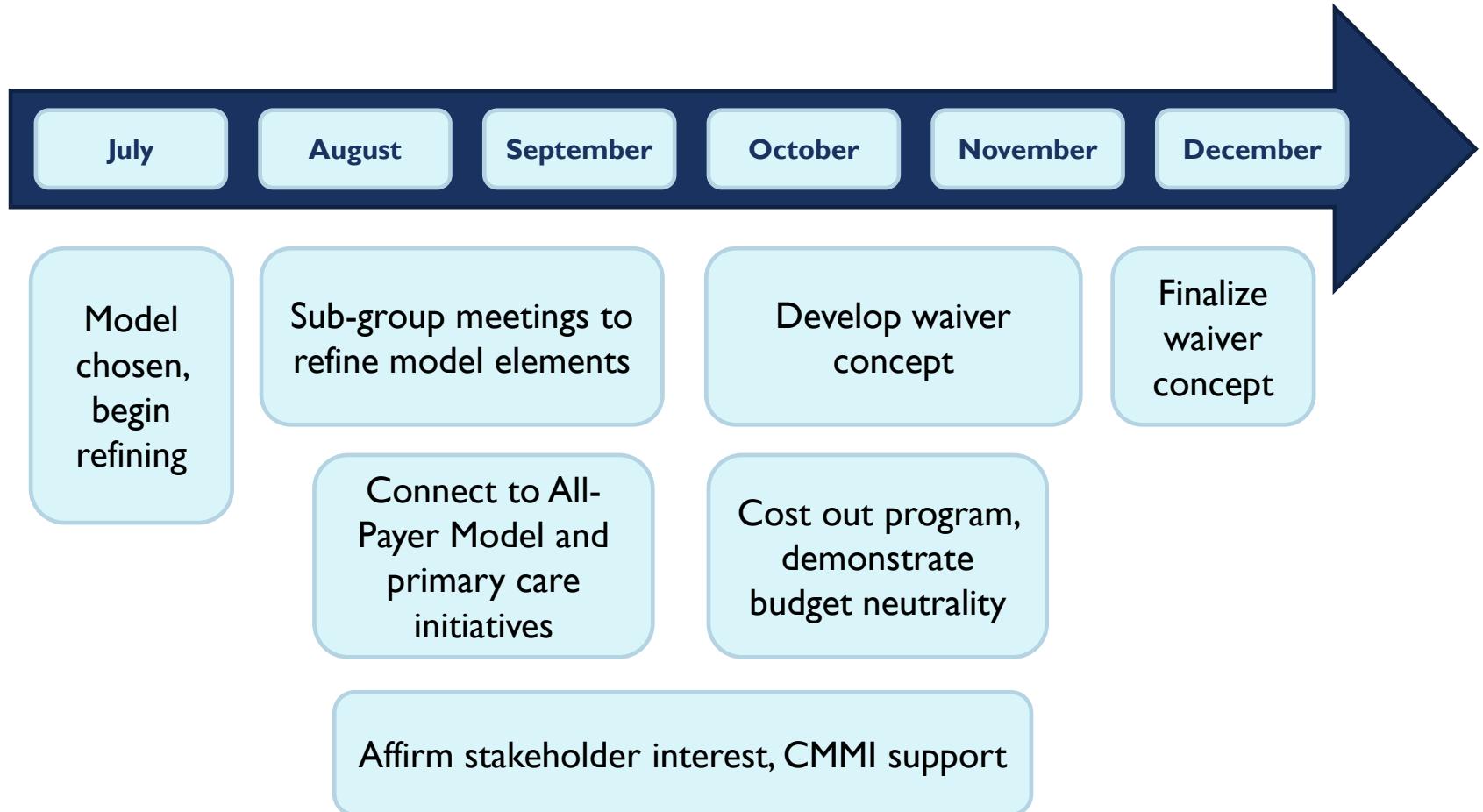
AGENDA

- Recap of the Previous Meeting
- Timeline for Remainder of 2016
- Population Health Interventions for Dual Eligibles
- Duals Care Redesign Driver Diagram
- Deeper Dive on Select Concepts
- Wrap-up, Takeaways and Next Steps
- Public Comment

RECAP OF JUNE 29 MEETING

- Reviewed stakeholder feedback and themes in comments
- Concluded the capitated program is not preferred
- Discussed policy and practical considerations of a hybrid:
 - Duals ACO for more heavily populated areas
 - Managed fee-for-service for other areas
- Determined to proceed with refinement of hybrid approach
- Agreed both parts of model ideally should qualify as MACRA advanced APMs

SIM GRANT TIMELINE, REST OF 2016



PROPOSED SUB-GROUP TOPICS

- Person-Centered Health Home / Care Coordination
 - PCHH function, eligible providers and participation criteria
- Duals ACOs
 - D-ACO function, eligible entities and participation criteria
- Data Exchange
 - Types and sources of data and data interchange tools
- Risk Modeling
 - Methodology for risk adjustment and structuring sharing of gains and losses

DUAL ELIGIBLES CARE REDESIGN: DRIVER DIAGRAM

Goal

**Achieve and Sustain
High-Value Coordinated
Care for Dual Eligibles**

Primary Drivers

Secondary Drivers

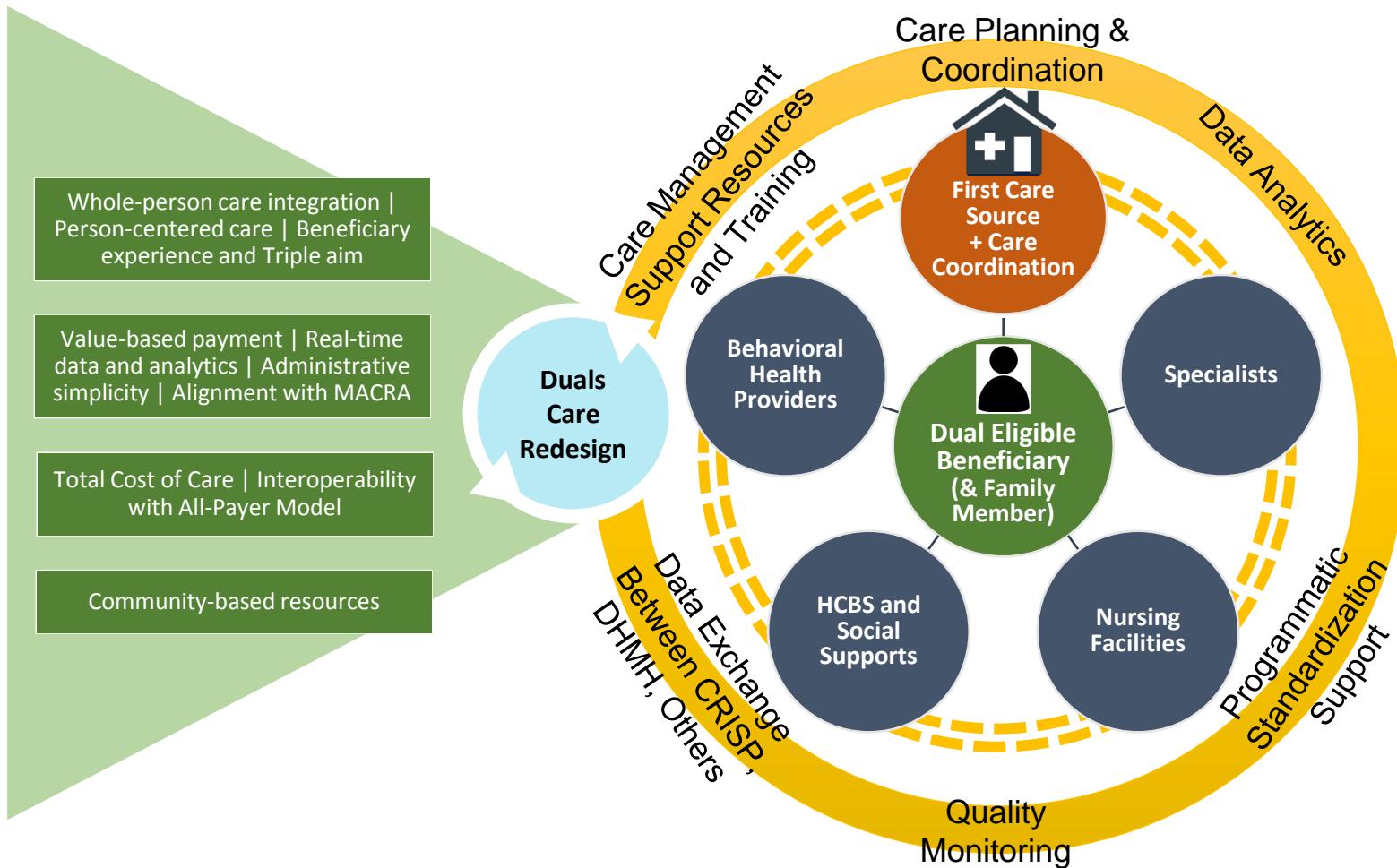
Health Home	Care Coordination	Ease of Use	Accountability
Continuous beneficiary care relationship with a principal provider	Seamless care handoffs between providers, across settings	Unified processes and reliance upon existing community resources	Incentives for quality and cost effectiveness across Medicaid & Medicare
<ul style="list-style-type: none"> Beneficiary chooses and remains formally linked to a Person-Centered Health Home (PCHH) suited to personal circumstances PCHH is responsible for assessing needs, care planning and leading coordination of all care beneficiary needs PCHH supported by ACO (or PCE under MFFS) 	<ul style="list-style-type: none"> Beneficiary's medical, behavioral, LTSS and social service elements all considered in plan Health data exchange enables real-time awareness and readiness as beneficiaries transit across settings of care All setting-specific care coordinators sync up with PCHH to eliminate duplication or conflict 	<ul style="list-style-type: none"> Beneficiary health and social needs assessments joined Quality and performance measures tailored to duals but drawn from widely accepted sources Program leverages established care models and community resources to fullest possible extent, doesn't supplant or duplicate 	<ul style="list-style-type: none"> Care coordination is recognized as a function needing to be paid for Providers rewarded for achieving quality and cost savings goals; moderate downside risk in ACOs Medicaid and Medicare dollars combined to gain accountability for whole-person spending Align with all-payer model

HYBRID MODEL DESIGN

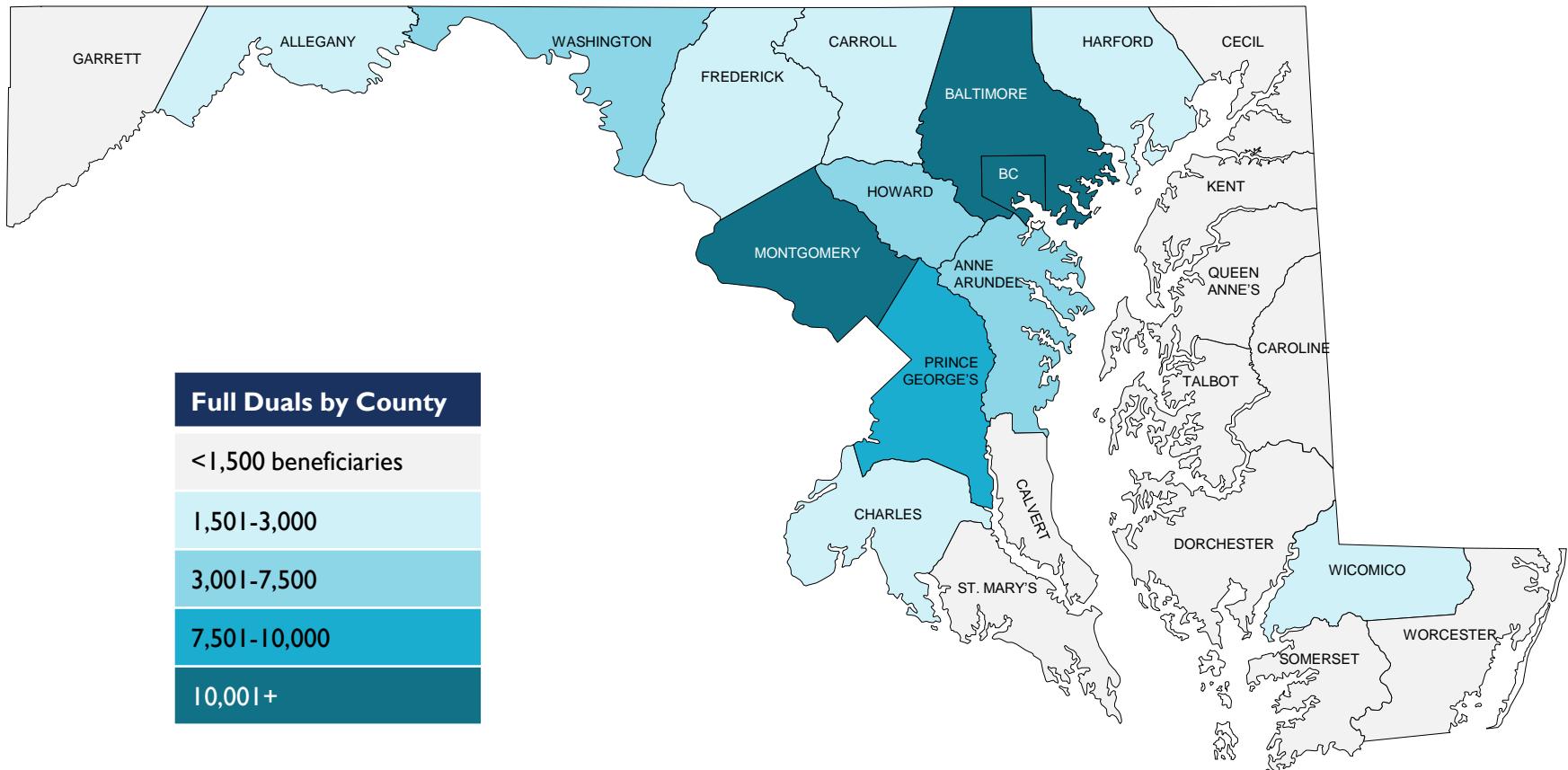
Refinement based on stakeholder and CMMI comments plus facts about dual eligibles

- PCHH as cornerstone of hybrid model
- Two-part delivery network: D-ACO for densely-populated areas and MFFS in other areas
- D-ACO leverages Medicare Shared Savings Program (MSSP) ACO, but departs and adds where needed to tailor to duals' needs
 - CMS would be asked to waive some MSSP provisions, e.g.,
 - 75% practitioner control of governance
 - Benchmark calculation method and risk-sharing formula
 - Minimum enrollment

CORNERSTONE: PERSON-CENTERED HEALTH HOME



POPULATION CONCENTRATIONS OF FULL DUALS



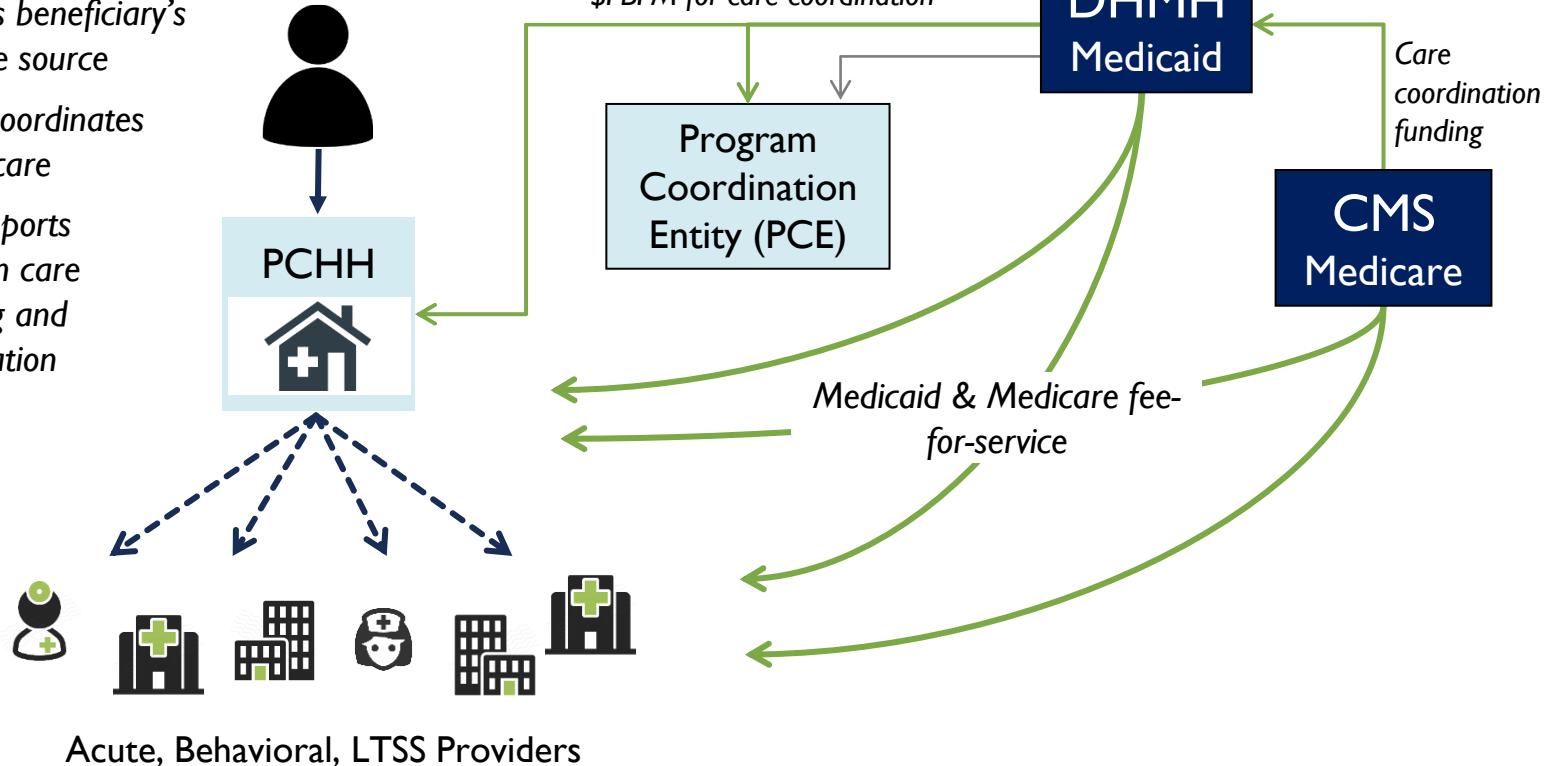
PERSON-CENTERED HEALTH HOME

PCHH blends elements of Primary Care Medical Home, Chronic Health Home

- Serves as person's first source of care and constant care coordination resource
- Fosters integration of primary care, behavioral health, long term care, and other specialty care to coordinate care
- Focused on beneficiary's health and social needs, thus phrasing person-centered instead of patient-centered and health home instead of medical home
- Supported by real-time data and needs assessments
- Satisfies generally accepted standards for entities of this type
 - Need to explore accreditation
 - Expectations and requirements for accreditation will align with MACRA

MANAGED FEE-FOR-SERVICE

- Beneficiary elects PCHH
- PCHH is beneficiary's first care source
- PCHH coordinates further care
- PCE supports PCHH in care planning and coordination



♦ PCHH = Person-Centered Health Home ♦ LTSS = Long-Term Services & Supports ♦ PBPM = Per Beneficiary Per Month

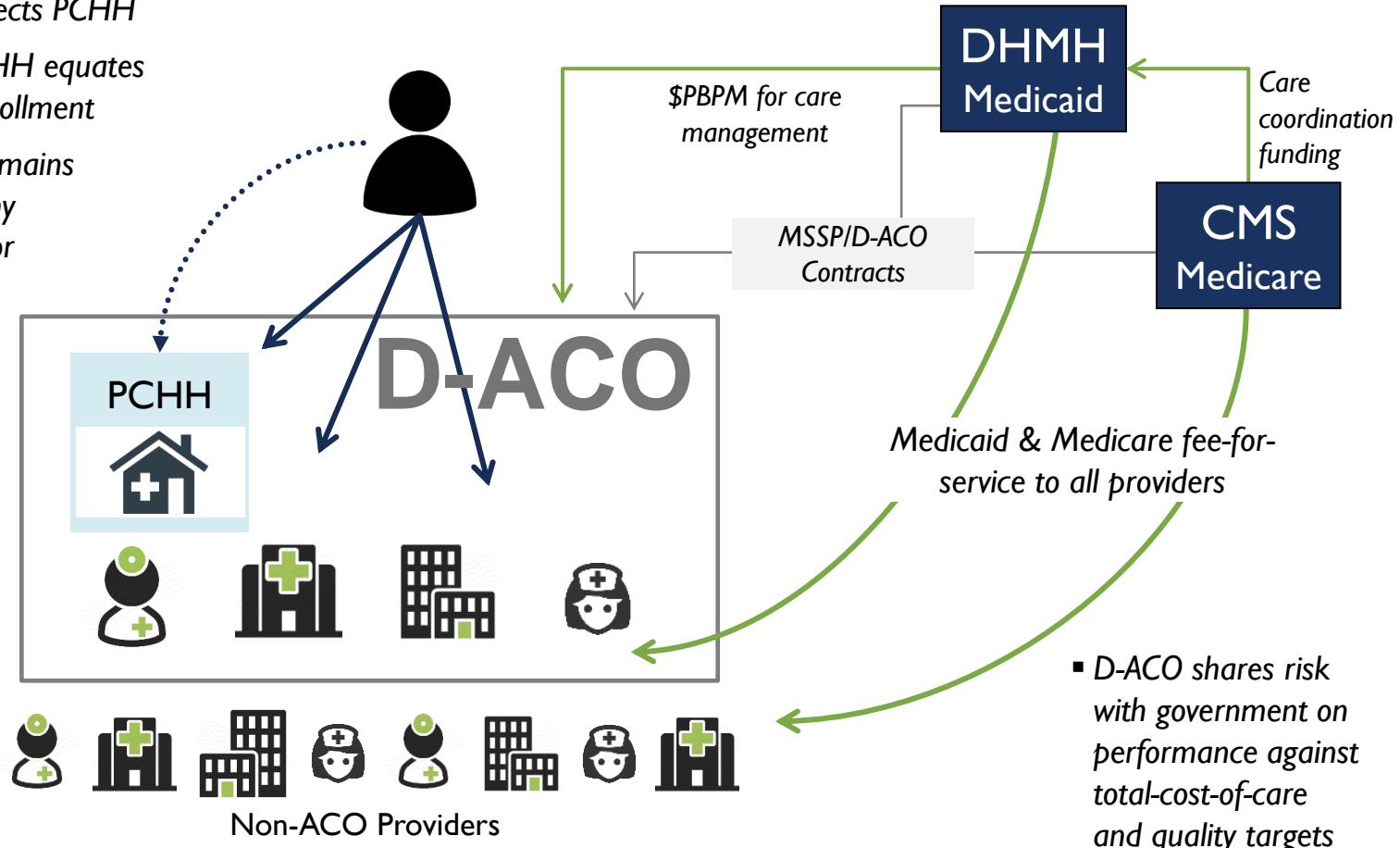
D-ACO QUALIFICATIONS

Goal is to not limit who could qualify to serve as a D-ACO, but rather ensure the entity would succeed in caring for the needs of the dual beneficiary. Long- term care providers, behavioral health clinics, or MCOs may qualify as ACO sponsors along with hospitals and physician groups.

- Furnish a strong provider network of acute care, behavioral health, LTSS, specialty, and social support providers
- Embrace and incorporate the PCHH model of care
- Use a distinct governance body, when the D-ACO is made up of multiple entities
- Maintain provider leadership over clinical policy
- Perform care coordination, care management and quality improvement activities, and measure their efforts
- Accept a minimum enrollment of at least 2,000 full dual beneficiaries
- Take on risk for the population, starting in Year 2
- Align with MSSP ACO requirements as much as possible

DUALS ACO

- Beneficiary elects PCHH
- Choice of PCHH equates to D-ACO enrollment
- Beneficiary remains free to use any providers, in or out of ACO network



ROLES OF ACTORS IN MODEL COMPONENTS

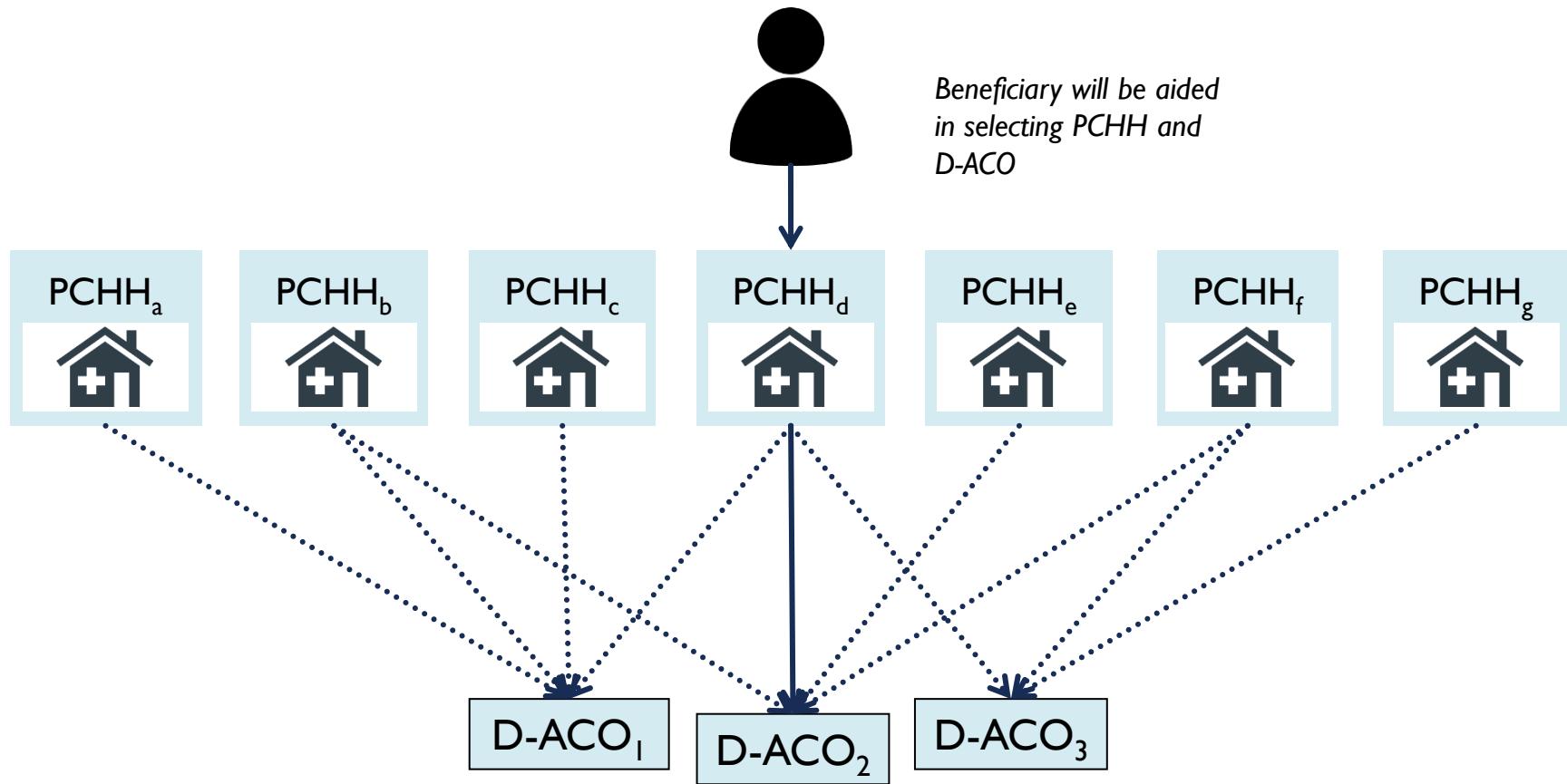
Draft for discussion

Function	MFFS Component		Duals ACO Component		
	PCHH	PCE	PCHH	D-ACO	PCE
Care Planning and Coordination	X		X	X	
Care Management Support Resources and Training		X		X	
Data Analytics		X		X	
Programmatic Standardization Support		X			X
Quality Monitoring and Improvement		X		X	X
Data Exchange Between CRISP, DHMH, Others	X	X	X	X	X

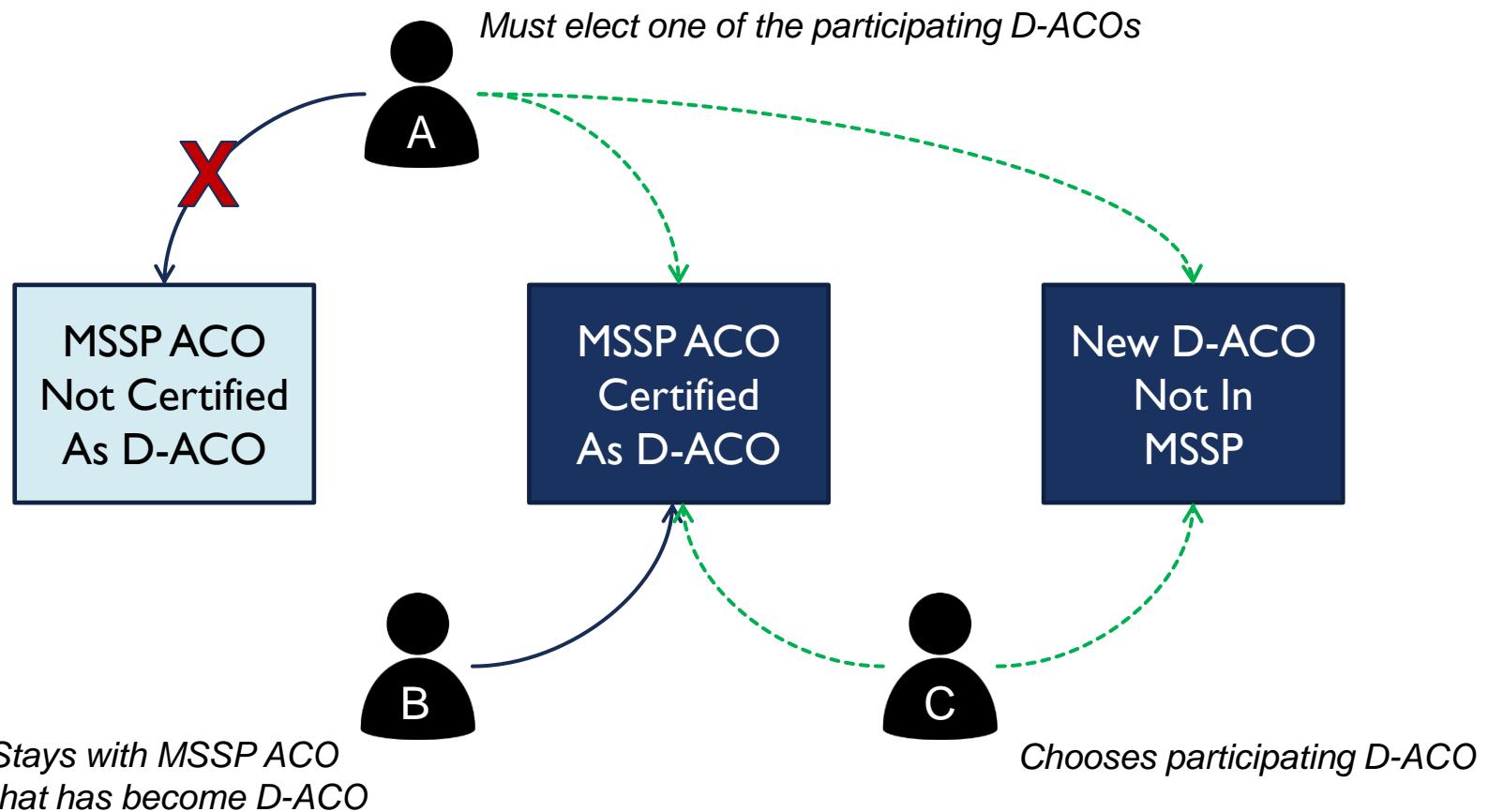
BENEFICIARY ALIGNMENT TO PCHH AND D-ACO

- With waiver authority from CMS, Maryland will mandate “enrollment” as condition of receipt of *Medicaid* benefits
- An enrollment process allows for freedom of choice and self-direction
- Beneficiaries will have to align with PCHH in the MFFS or D-ACO model
 - PCHHs will not be required to be exclusive to a single D-ACO
- DHMH delegate (PCE?) will monitor access and usage patterns
 - Medicare/Medicaid claims and CRISP utilization data will be reviewed to help in assessing current and recent PCHH or D-ACO relationships

BENEFICIARY PCHH AND D-ACO ALIGNMENT



PRE-EXISTING MSSP-ACO BENEFICIARY ATTRIBUTION



DATA EXCHANGE AND ANALYTICS

Hybrid model depends upon a strong interchange of data

- At street level to promote access to timely information for care management
- At state and federal levels to allow for policy and programmatic decisions
- Care coordination infrastructure
- Clinical integration to foster standardization of care
- Capability to share data across providers (healthcare and social), state and federal agencies, and payers
 - Interoperability among hospital clinicians and post-acute care settings
 - Facilitate data use agreements across continuum of care
- Leverage and expand CRISP's Encounter Notification System
- Tool to monitor and manage performance and support evaluation

CONCEPTUAL D-ACO REWARD/RISK ARRANGEMENT

- Share of savings/loss varies based on D-ACO's quality performance
- D-ACO's risk is mitigated and formula skews more toward rewards

	D-ACO Quality Rating	Year 1	Year 2	Year 3
D-ACO's Share of <u>Savings</u>	Hi	60%	65%	70%
	Med	50%	60%	60%
	Low	40%	35%	30%
D-ACO's Share of <u>Losses</u>	Hi	0%	35%	30%
	Med	0%	40%	40%
	Low	0%	45%	50%
Shareable Savings Cap As Percentage of TCOCT Target		10%	12.5%	15%
Shareable Losses Cap As Percentage of TCOCT Target		NA	7.5%	10%

NEXT STEPS

- Identify roster and schedule discussions for each of the sub-groups
- Future workgroup meetings:
 - September 20, 1-4 pm
 - October 18, 1-4 pm
 - November 15, 1-4 pm
- DHMH and EBG Advisors will continue to work with HSCRC, CMMI, and other workgroups to detail out the model and its interaction with other programs

APPENDIX – DATA ON FULL DUAL ELIGIBLES

Utilization and Spending CY 2012

- Total Population
- Nursing Facility Population – All Ages
- Waiver Population
 - High Waiver
 - Under Age 65
 - Ages 65+
 - Waiver (Excluding High Waiver)
 - Under Age 65
 - Ages 65+
- Community Dwelling
 - Under Age 65
 - Ages 65+

POPULATION COUNTS BY COHORT (CY2012-2013)

Duals Care Delivery Databook - Member Counts by Sub-population

CY2012-13

	Total Members Flagged		Double-Counting Removed	
	CY12	CY13	CY12	CY13
All Ages				
Nursing Facility	15,800	15,707	13,167	13,255
High Waiver	1,108	1,292	952	1,151
Waiver	6,181	6,324	4,693	4,849
Community Dwelling	54,084	56,723	50,891	53,654
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Nursing Facility and Community Dwelling			2,061	1,911
High Waiver and Community Dwelling			46	50
Waiver and Community Dwelling			1,026	1,025
Nursing Facility and High Waiver			103	81
Nursing Facility and Waiver			409	377
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Nursing Facility, High Waiver, and Community Dwelling			7	10
Nursing Facility, Waiver, and Community Dwelling			53	73
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Total			73,408	76,436

Excluded Populations

	Total Members Flagged	
	CY12	CY13
All Ages		
Autism	12	13
TBI	41	49
ICF/IDD	100	96

SUMMARY – ALL COHORTS

SUMMARY		CY12					
Sub-population	MMs	Medicaid		Medicare		Total	
		Dollars	PMPM	Dollars	PMPM	Dollars	PMPM
Nursing Facility	136,663	\$ 763,508,165	\$ 5,586.79	\$ 403,334,530	\$ 2,951.30	\$ 1,166,842,695	\$ 8,538.09
High Waiver - Under 65	3,938	\$ 22,755,139	\$ 5,778.45	\$ 9,346,203	\$ 2,373.38	\$ 32,101,342	\$ 8,151.82
High Waiver - 65 and Older	7,912	\$ 40,947,860	\$ 5,175.15	\$ 11,552,598	\$ 1,460.06	\$ 52,500,458	\$ 6,635.21
High Waiver - Total	11,850	\$ 63,702,999	\$ 5,375.63	\$ 20,898,801	\$ 1,763.56	\$ 84,601,800	\$ 7,139.19
Waiver - Under 65	10,830	\$ 27,294,063	\$ 2,520.14	\$ 15,420,246	\$ 1,423.80	\$ 42,714,309	\$ 3,943.93
Waiver - 65 and Older	51,098	\$ 118,023,032	\$ 2,309.73	\$ 59,258,703	\$ 1,159.70	\$ 177,281,735	\$ 3,469.44
Waiver - Total	61,929	\$ 145,317,096	\$ 2,346.53	\$ 74,678,949	\$ 1,205.89	\$ 219,996,044	\$ 3,552.42
Community Dwelling - Under 65	265,380	\$ 120,658,454	\$ 454.66	\$ 330,266,035	\$ 1,244.50	\$ 450,924,488	\$ 1,699.16
Community Dwelling - 65 and Older	235,421	\$ 71,170,381	\$ 302.31	\$ 270,058,886	\$ 1,147.13	\$ 341,229,267	\$ 1,449.45
Community Dwelling - Total	500,801	\$ 191,828,835	\$ 383.04	\$ 600,324,920	\$ 1,198.73	\$ 792,153,755	\$ 1,581.77
All - Total	711,243	\$ 1,164,357,094	\$ 1,637.07	\$ 1,099,237,200	\$ 1,545.52	\$ 2,263,594,294	\$ 3,182.59

COHORT UTILIZATION AND SPENDING (2012)

TOTAL POPULATION	CY12	Medicaid						Medicare						Total	
		Category of Service	MMs	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	PMPM
1915(c) Waiver	711,243	\$ 173,165,684	2,172,478	\$ 79.71	36,654	\$ 243.47	\$ -	-	\$ -	-	-	-	\$ 173,165,684	\$ 243.47	
BH - Inpatient	711,243	\$ 6,470,149	2,458	\$ 2,632.28	41	\$ 9.10	\$ 22,958,288	2,333	\$ 9,840.67	39	\$ 32.28	\$ 29,428,437	\$ 41.38		
BH - Outpatient	711,243	\$ 4,278,620	32,455	\$ 131.83	548	\$ 6.02	\$ 10,910,675	29,154	\$ 374.24	492	\$ 15.34	\$ 15,189,295	\$ 21.36		
BH - Professional	711,243	\$ 65,943,314	249,212	\$ 264.61	4,205	\$ 92.72	\$ 13,903,350	243,596	\$ 57.08	4,110	\$ 19.55	\$ 79,846,664	\$ 112.26		
Dental	711,243	\$ 110,615	450	\$ 245.81	8	\$ 0.16	\$ -	-	\$ -	-	-	\$ -	\$ 110,615	\$ 0.16	
Diagnostic Imaging/X-ray	711,243	\$ 552,239	11,283	\$ 48.94	190	\$ 0.78	\$ 16,767,606	227,752	\$ 73.62	3,843	\$ 23.58	\$ 17,319,845	\$ 24.35		
Dialysis	711,243	\$ 209,439	606	\$ 345.61	10	\$ 0.29	\$ 53,577,133	45,186	\$ 1,185.70	762	\$ 75.33	\$ 53,786,572	\$ 75.62		
DME/DMS	711,243	\$ 20,036,504	308,584	\$ 64.93	5,206	\$ 28.17	\$ 28,095,685	151,265	\$ 185.74	2,552	\$ 39.50	\$ 48,132,189	\$ 67.67		
Drugs	711,243	\$ 6,105,912	253,878	\$ 24.05	4,283	\$ 8.58	\$ -	-	\$ -	-	-	\$ -	\$ 6,105,912	\$ 8.58	
Emergency Room	711,243	\$ 9,165,334	50,984	\$ 179.77	860	\$ 12.89	\$ 48,901,364	132,011	\$ 370.43	2,227	\$ 68.75	\$ 58,066,698	\$ 81.64		
Home Health	711,243	\$ 13,069,821	144,282	\$ 90.59	2,434	\$ 18.38	\$ 23,253,498	8,457	\$ 2,749.62	143	\$ 32.69	\$ 36,323,319	\$ 51.07		
Hospice	711,243	\$ 21,937,619	109,663	\$ 200.05	1,850	\$ 30.84	\$ 27,232,167	162,293	\$ 167.80	2,738	\$ 38.29	\$ 49,169,786	\$ 69.13		
Inpatient Hospital	711,243	\$ 41,089,742	18,811	\$ 2,184.35	317	\$ 57.77	\$ 431,203,642	30,881	\$ 13,963.40	521	\$ 606.27	\$ 472,293,384	\$ 664.04		
Laboratory	711,243	\$ 7,730,455	19,908	\$ 388.31	336	\$ 10.87	\$ 13,330,315	231,732	\$ 57.52	3,910	\$ 18.74	\$ 21,060,770	\$ 29.61		
Other	711,243	\$ 5,712,252	48,897	\$ 116.82	825	\$ 8.03	\$ 17,003,843	51,145	\$ 332.46	863	\$ 23.91	\$ 22,716,095	\$ 31.94		
Outpatient Hospital	711,243	\$ 21,520,107	90,333	\$ 238.23	1,524	\$ 30.26	\$ 117,649,851	221,284	\$ 531.67	3,733	\$ 165.41	\$ 139,169,957	\$ 195.67		
Professional - Other	711,243	\$ 4,734,363	68,938	\$ 68.68	1,163	\$ 6.66	\$ 6,213,688	57,332	\$ 108.38	967	\$ 8.74	\$ 10,948,050	\$ 15.39		
Professional - Primary Care	711,243	\$ 16,181,332	416,014	\$ 38.90	7,019	\$ 22.75	\$ 14,279,805	185,085	\$ 77.15	3,123	\$ 20.08	\$ 30,461,136	\$ 42.83		
Professional - Specialty Care	711,243	\$ 1,510,640	32,697	\$ 46.20	552	\$ 2.12	\$ 127,841,229	958,343	\$ 133.40	16,169	\$ 179.74	\$ 129,351,869	\$ 181.87		
Skilled Nursing Facility	711,243	\$ 725,436,688	3,710,278	\$ 195.52	62,599	\$ 1,019.96	\$ 126,115,062	369,897	\$ 340.95	6,241	\$ 177.32	\$ 851,551,750	\$ 1,197.27		
State Plan HCBS	711,243	\$ 19,396,265	750,044	\$ 25.86	12,655	\$ 27.27	\$ -	-	\$ -	-	-	\$ 19,396,265	\$ 27.27		
Total	711,243	\$ 1,164,357,094			\$ 1,637.07	\$ 1,099,237,200				\$ 1,545.52	\$ 2,263,594,294	\$ 3,182.59			

COHORT UTILIZATION AND SPENDING (2012)

NURSING FACILITY POP. All Ages	CY12		Medicaid					Medicare					Total	
	Category of Service	MMs	Dollars	Units	Unit Cost	Util/K	PPPM	Dollars	Units	Unit Cost	Util/K	PPPM	Dollars	PPPM
1915(c) Waiver	136,663	\$ 1,760,057	20,658	\$ 85.20	1,814	\$ 12.88	\$ -	-	\$ -	-	\$ -	\$ -	\$ 1,760,057	\$ 12.88
BH - Inpatient	136,663	\$ 540,819	187	\$ 2,892.08	16	\$ 3.96	\$ 4,966,199	418	\$ 11,880.86	37	\$ 36.34	\$ 5,507,018	\$ 40.30	
BH - Outpatient	136,663	\$ 70,445	364	\$ 193.53	32	\$ 0.52	\$ 2,264,337	4,325	\$ 523.55	380	\$ 16.57	\$ 2,334,783	\$ 17.08	
BH - Professional	136,663	\$ 1,942,758	50,206	\$ 38.70	4,408	\$ 14.22	\$ 5,653,858	103,577	\$ 54.59	9,095	\$ 41.37	\$ 7,596,616	\$ 55.59	
Dental	136,663	\$ 22	1	\$ 21.54	0	\$ 0.00	\$ -	-	\$ -	-	\$ -	\$ 22	\$ -	\$ 0.00
Diagnostic Imaging/X-ray	136,663	\$ 389,826	9,075	\$ 42.96	797	\$ 2.85	\$ 5,139,343	74,107	\$ 69.35	6,507	\$ 37.61	\$ 5,529,169	\$ 40.46	
Dialysis	136,663	\$ 33,027	68	\$ 485.69	6	\$ 0.24	\$ 13,960,213	7,043	\$ 1,982.14	618	\$ 102.15	\$ 13,993,240	\$ 102.39	
DME/DMS	136,663	\$ 1,367,280	21,467	\$ 63.69	1,885	\$ 10.00	\$ 6,086,338	27,019	\$ 225.26	2,372	\$ 44.54	\$ 7,453,618	\$ 54.54	
Drugs	136,663	\$ 1,349,053	79,976	\$ 16.87	7,022	\$ 9.87	\$ -	-	\$ -	-	\$ -	\$ 1,349,053	\$ 9.87	
Emergency Room	136,663	\$ 904,631	4,173	\$ 216.78	366	\$ 6.62	\$ 7,850,153	20,898	\$ 375.64	1,835	\$ 57.44	\$ 8,754,785	\$ 64.06	
Home Health	136,663	\$ 839,758	14,022	\$ 59.89	1,231	\$ 6.14	\$ 4,126,932	1,383	\$ 2,984.04	121	\$ 30.20	\$ 4,966,690	\$ 36.34	
Hospice	136,663	\$ 10,035,208	50,709	\$ 197.90	4,453	\$ 73.43	\$ 10,485,067	62,821	\$ 166.90	5,516	\$ 76.72	\$ 20,520,275	\$ 150.15	
Inpatient Hospital	136,663	\$ 11,474,591	4,700	\$ 2,441.40	413	\$ 83.96	\$ 163,121,293	11,206	\$ 14,556.60	984	\$ 1,193.60	\$ 174,595,884	\$ 1,277.56	
Laboratory	136,663	\$ 1,690,489	4,315	\$ 391.77	379	\$ 12.37	\$ 2,514,206	92,325	\$ 27.23	8,107	\$ 18.40	\$ 4,204,695	\$ 30.77	
Other	136,663	\$ 2,021,166	22,942	\$ 88.10	2,014	\$ 14.79	\$ 8,482,981	31,052	\$ 273.19	2,727	\$ 62.07	\$ 10,504,148	\$ 76.86	
Outpatient Hospital	136,663	\$ 2,211,955	7,866	\$ 281.20	691	\$ 16.19	\$ 33,391,963	99,131	\$ 336.85	8,704	\$ 244.34	\$ 35,603,919	\$ 260.52	
Professional - Other	136,663	\$ 3,080,298	15,433	\$ 199.59	1,355	\$ 22.54	\$ 183,054	1,904	\$ 96.14	167	\$ 1.34	\$ 3,263,352	\$ 23.88	
Professional - Primary Care	136,663	\$ 2,211,862	64,702	\$ 34.19	5,681	\$ 16.18	\$ 6,555,009	90,093	\$ 72.76	7,911	\$ 47.96	\$ 8,766,871	\$ 64.15	
Professional - Specialty Care	136,663	\$ 220,828	10,816	\$ 20.42	950	\$ 1.62	\$ 31,893,355	280,411	\$ 113.74	24,622	\$ 233.37	\$ 32,114,183	\$ 234.99	
Skilled Nursing Facility	136,663	\$ 721,219,215	3,683,471	\$ 195.80	323,435	\$ 5,277.35	\$ 96,660,228	292,369	\$ 330.61	25,672	\$ 707.29	\$ 817,879,443	\$ 5,984.64	
State Plan HCBS	136,663	\$ 144,878	5,407	\$ 26.79	475	\$ 1.06	\$ -	-	\$ -	-	\$ -	\$ 144,878	\$ 1.06	
Total	136,663	\$ 763,508,165		\$ 5,586.79	\$ 403,334,530				\$ 2,951.30	\$ 1,166,842,695		\$ 8,538.09		

COHORT UTILIZATION AND SPENDING (2012)

HIGH WAIVER POPULATION Under 65	CY12	Medicaid						Medicare						Total		
		Category of Service	MMs	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	PMPM	
1915(c) Waiver	3,938	\$ 19,668,599	190,362	\$ 103.32	580,087	\$ 4,994.65	\$ -	-	\$ -	-	\$ -	-	\$ -	\$ 19,668,599	\$ 4,994.65	
BH - Inpatient	3,938	\$ 4,532	4	\$ 1,132.88	12	\$ 1.15	\$ 19,665	3	\$ 6,554.90	9	\$ 4.99	\$ 24,196	\$ 6.14			
BH - Outpatient	3,938	\$ 12,347	81	\$ 152.43	247	\$ 3.14	\$ 35,387	79	\$ 447.94	241	\$ 8.99	\$ 47,734	\$ 12.12			
BH - Professional	3,938	\$ 53,047	590	\$ 89.91	1,798	\$ 13.47	\$ 41,846	622	\$ 67.28	1,895	\$ 10.63	\$ 94,892	\$ 24.10			
Dental	3,938	\$ 18	1	\$ 18.00	3	\$ 0.00	\$ -	-	\$ -	-	\$ -	\$ -	\$ 18	\$ 0.00		
Diagnostic Imaging/X-ray	3,938	\$ 1,156	15	\$ 77.07	46	\$ 0.29	\$ 79,991	1,522	\$ 52.56	4,638	\$ 20.31	\$ 81,147	\$ 20.61			
Dialysis	3,938	\$ 2,202	6	\$ 366.96	18	\$ 0.56	\$ 402,428	305	\$ 1,319.43	929	\$ 102.19	\$ 404,629	\$ 102.75			
DME/DMS	3,938	\$ 804,959	12,257	\$ 65.67	37,351	\$ 204.41	\$ 1,010,843	4,103	\$ 246.37	12,503	\$ 256.69	\$ 1,815,802	\$ 461.11			
Drugs	3,938	\$ 11,476	1,239	\$ 9.26	3,776	\$ 2.91	\$ -	-	\$ -	-	\$ -	\$ 11,476	\$ 2.91			
Emergency Room	3,938	\$ 63,806	400	\$ 159.52	1,219	\$ 16.20	\$ 357,700	1,037	\$ 344.94	3,160	\$ 90.83	\$ 421,506	\$ 107.04			
Home Health	3,938	\$ 1,242,137	26,582	\$ 46.73	81,003	\$ 315.43	\$ 788,809	284	\$ 2,777.50	865	\$ 200.31	\$ 2,030,947	\$ 515.74			
Hospice	3,938	\$ 5,306	29	\$ 182.95	88	\$ 1.35	\$ 54,085	362	\$ 149.41	1,103	\$ 13.73	\$ 59,391	\$ 15.08			
Inpatient Hospital	3,938	\$ 330,872	183	\$ 1,808.04	558	\$ 84.02	\$ 3,855,307	284	\$ 13,575.02	865	\$ 979.02	\$ 4,186,179	\$ 1,063.04			
Laboratory	3,938	\$ 63,915	112	\$ 570.67	341	\$ 16.23	\$ 80,529	1,149	\$ 70.09	3,501	\$ 20.45	\$ 144,444	\$ 36.68			
Other	3,938	\$ 73,166	824	\$ 88.79	2,511	\$ 18.58	\$ 281,237	822	\$ 342.14	2,505	\$ 71.42	\$ 354,403	\$ 90.00			
Outpatient Hospital	3,938	\$ 281,867	1,344	\$ 209.72	4,096	\$ 71.58	\$ 1,138,107	1,688	\$ 674.23	5,144	\$ 289.01	\$ 1,419,974	\$ 360.59			
Professional - Other	3,938	\$ 15,868	561	\$ 28.29	1,710	\$ 4.03	\$ 52,439	594	\$ 88.28	1,810	\$ 13.32	\$ 68,307	\$ 17.35			
Professional - Primary Care	3,938	\$ 104,047	3,291	\$ 31.62	10,029	\$ 26.42	\$ 72,893	870	\$ 83.79	2,651	\$ 18.51	\$ 176,941	\$ 44.93			
Professional - Specialty Care	3,938	\$ 8,508	245	\$ 34.73	747	\$ 2.16	\$ 880,429	6,722	\$ 130.98	20,484	\$ 223.58	\$ 888,937	\$ 225.74			
Skilled Nursing Facility	3,938	\$ 7,311	48	\$ 152.32	146	\$ 1.86	\$ 194,509	380	\$ 511.87	1,158	\$ 49.39	\$ 201,821	\$ 51.25			
State Plan HCBS	3,938	\$ -	-	\$ -	-	\$ -	\$ -	-	\$ -	-	\$ -	\$ -	\$ -			
Total	3,938	\$ 22,755,139			\$ 5,778.45	\$ 9,346,203				\$ 2,373.38	\$ 32,101,342	\$ 8,151.82				

COHORT UTILIZATION AND SPENDING (2012)

HIGH WAIVER POPULATION		CY12		Medicaid						Medicare						Total	
65 and Older		Category of Service	MMs	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	PMPM		
1915(c) Waiver	7,912	\$ 37,451,227	342,530	\$ 109.34	519,483	\$ 4,733.23								\$ 37,451,227	\$ 4,733.23		
BH - Inpatient	7,912	\$ 4,532	4	\$ 1,132.88	6	\$ 0.57	\$ 58,041	6	\$ 9,673.46	9	\$ 7.34	\$ 62,572	\$ 7.91				
BH - Outpatient	7,912	\$ 10,841	101	\$ 107.34	153	\$ 1.37	\$ 44,010	109	\$ 403.76	165	\$ 5.56	\$ 54,851	\$ 6.93				
BH - Professional	7,912	\$ 47,722	718	\$ 66.46	1,089	\$ 6.03	\$ 51,188	735	\$ 69.64	1,115	\$ 6.47	\$ 98,910	\$ 12.50				
Dental	7,912	\$ 3	1	\$ 2.91	2	\$ 0.00	\$ -	-	\$ -	-	\$ -	\$ -	\$ 3	\$ 0.00			
Diagnostic Imaging/X-ray	7,912	\$ 1,739	49	\$ 35.49	74	\$ 0.22	\$ 124,786	2,128	\$ 58.64	3,227	\$ 15.77	\$ 126,525	\$ 15.99				
Dialysis	7,912	\$ 2,822	4	\$ 705.59	6	\$ 0.36	\$ 531,908	358	\$ 1,485.78	543	\$ 67.22	\$ 534,730	\$ 67.58				
DME/DMS	7,912	\$ 1,696,664	26,043	\$ 65.15	39,497	\$ 214.43	\$ 821,587	5,041	\$ 162.98	7,645	\$ 103.84	\$ 2,518,251	\$ 318.27				
Drugs	7,912	\$ 94,758	3,870	\$ 24.49	5,869	\$ 11.98	\$ -	-	\$ -	-	\$ -	\$ 94,758	\$ 11.98				
Emergency Room	7,912	\$ 91,964	399	\$ 230.49	605	\$ 11.62	\$ 519,701	1,240	\$ 419.11	1,881	\$ 65.68	\$ 611,665	\$ 77.30				
Home Health	7,912	\$ 494,980	13,784	\$ 35.91	20,905	\$ 62.56	\$ 1,139,780	365	\$ 3,122.68	554	\$ 144.05	\$ 1,634,760	\$ 206.61				
Hospice	7,912	\$ -	-	\$ -	-	\$ -	\$ 588,095	3,581	\$ 164.23	5,431	\$ 74.33	\$ 588,095	\$ 74.33				
Inpatient Hospital	7,912	\$ 361,034	293	\$ 1,232.20	444	\$ 45.63	\$ 4,111,054	431	\$ 9,538.41	654	\$ 519.57	\$ 4,472,088	\$ 565.20				
Laboratory	7,912	\$ 125,000	243	\$ 514.40	369	\$ 15.80	\$ 136,241	2,458	\$ 55.43	3,728	\$ 17.22	\$ 261,241	\$ 33.02				
Other	7,912	\$ 81,338	983	\$ 82.75	1,491	\$ 10.28	\$ 315,621	1,050	\$ 300.59	1,592	\$ 39.89	\$ 396,960	\$ 50.17				
Outpatient Hospital	7,912	\$ 191,876	1,018	\$ 188.48	1,544	\$ 24.25	\$ 836,147	1,706	\$ 490.12	2,587	\$ 105.68	\$ 1,028,023	\$ 129.93				
Professional - Other	7,912	\$ 50,008	1,356	\$ 36.88	2,057	\$ 6.32	\$ 210,646	1,523	\$ 138.31	2,310	\$ 26.62	\$ 260,654	\$ 32.94				
Professional - Primary Care	7,912	\$ 186,360	4,958	\$ 37.59	7,519	\$ 23.55	\$ 125,433	1,490	\$ 84.18	2,260	\$ 15.85	\$ 311,793	\$ 39.41				
Professional - Specialty Care	7,912	\$ 23,470	669	\$ 35.08	1,015	\$ 2.97	\$ 1,576,718	12,081	\$ 130.51	18,322	\$ 199.27	\$ 1,600,188	\$ 202.24				
Skilled Nursing Facility	7,912	\$ 5,406	50	\$ 108.12	76	\$ 0.68	\$ 361,643	839	\$ 431.04	1,272	\$ 45.71	\$ 367,050	\$ 46.39				
State Plan HCBS	7,912	\$ 26,118	815	\$ 32.05	1,236	\$ 3.30	\$ -	-	\$ -	-	\$ -	\$ 26,118	\$ 3.30				
Total	7,912	\$ 40,947,860		\$ 5,175.15	\$ 11,552,598					\$ 1,460.06	\$ 52,500,458	\$ 6,635.21					

COHORT UTILIZATION AND SPENDING (2012)

WAIVER (EXCL. HIGH WAIVER) CY12													
Under 65													
Category of Service	MMs	Medicaid					Medicare					Total	
		Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	PMPM
1915(c) Waiver	10,830	\$ 20,903,319	302,038	\$ 69.21	334,656	\$ 1,930.06	\$ -	-	\$ -	-	\$ -	\$ 20,903,319	\$ 1,930.06
BH - Inpatient	10,830	\$ 74,127	61	\$ 1,215.20	68	\$ 6.84	\$ 858,154	78	\$ 11,001.97	86	\$ 79.24	\$ 932,281	\$ 86.08
BH - Outpatient	10,830	\$ 64,319	598	\$ 107.56	663	\$ 5.94	\$ 222,569	648	\$ 343.47	718	\$ 20.55	\$ 286,887	\$ 26.49
BH - Professional	10,830	\$ 1,558,236	5,881	\$ 264.96	6,516	\$ 143.88	\$ 253,201	4,539	\$ 55.78	5,029	\$ 23.38	\$ 1,811,437	\$ 167.26
Dental	10,830	\$ 396	6	\$ 65.94	7	\$ 0.04	\$ -	-	\$ -	-	\$ -	\$ 396	\$ 0.04
Diagnostic Imaging/X-ray	10,830	\$ 2,817	59	\$ 47.74	65	\$ 0.26	\$ 178,676	2,818	\$ 63.41	3,122	\$ 16.50	\$ 181,493	\$ 16.76
Dialysis	10,830	\$ 2,771	5	\$ 554.12	6	\$ 0.26	\$ 984,002	885	\$ 1,111.87	981	\$ 90.86	\$ 986,773	\$ 91.11
DME/DMS	10,830	\$ 1,007,147	15,321	\$ 65.74	16,976	\$ 92.99	\$ 1,027,332	4,423	\$ 232.27	4,901	\$ 94.86	\$ 2,034,479	\$ 187.85
Drugs	10,830	\$ 39,711	3,442	\$ 11.54	3,814	\$ 3.67	\$ -	-	\$ -	-	\$ -	\$ 39,711	\$ 3.67
Emergency Room	10,830	\$ 170,343	801	\$ 212.66	888	\$ 15.73	\$ 799,021	1,845	\$ 433.07	2,044	\$ 73.78	\$ 969,363	\$ 89.50
Home Health	10,830	\$ 1,400,252	22,875	\$ 61.21	25,345	\$ 129.29	\$ 834,379	292	\$ 2,857.46	324	\$ 77.04	\$ 2,234,632	\$ 206.33
Hospice	10,830	\$ -	-	\$ -	-	\$ -	\$ 76,438	457	\$ 167.26	506	\$ 7.06	\$ 76,438	\$ 7.06
Inpatient Hospital	10,830	\$ 391,731	336	\$ 1,165.87	372	\$ 36.17	\$ 5,656,474	432	\$ 13,093.69	479	\$ 522.28	\$ 6,048,205	\$ 558.45
Laboratory	10,830	\$ 184,103	415	\$ 443.62	460	\$ 17.00	\$ 168,451	2,701	\$ 62.37	2,993	\$ 15.55	\$ 352,555	\$ 32.55
Other	10,830	\$ 112,007	904	\$ 123.90	1,002	\$ 10.34	\$ 248,826	740	\$ 336.25	820	\$ 22.97	\$ 360,833	\$ 33.32
Outpatient Hospital	10,830	\$ 438,630	2,007	\$ 218.55	2,224	\$ 40.50	\$ 1,717,609	2,808	\$ 611.68	3,111	\$ 158.59	\$ 2,156,239	\$ 199.09
Professional - Other	10,830	\$ 83,926	3,289	\$ 25.52	3,644	\$ 7.75	\$ 257,267	2,756	\$ 93.35	3,054	\$ 23.75	\$ 341,193	\$ 31.50
Professional - Primary Care	10,830	\$ 243,501	6,723	\$ 36.22	7,449	\$ 22.48	\$ 137,171	1,656	\$ 82.83	1,835	\$ 12.67	\$ 380,672	\$ 35.15
Professional - Specialty Care	10,830	\$ 30,475	747	\$ 40.80	828	\$ 2.81	\$ 1,686,820	13,282	\$ 127.00	14,716	\$ 155.75	\$ 1,717,294	\$ 158.56
Skilled Nursing Facility	10,830	\$ 10,059	86	\$ 116.96	95	\$ 0.93	\$ 313,855	769	\$ 408.13	852	\$ 28.98	\$ 323,914	\$ 29.91
State Plan HCBS	10,830	\$ 576,194	23,565	\$ 24.45	26,110	\$ 53.20	\$ -	-	\$ -	-	\$ -	\$ 576,194	\$ 53.20
Total	10,830	\$ 27,294,063			\$ 2,520.14	\$ 15,420,246				\$ 1,423.80	\$ 42,714,309	\$ 3,943.93	

COHORT UTILIZATION AND SPENDING (2012)

WAIVER (EXCL. HIGH WAIVER) CY12													
65 and Older		Medicaid					Medicare					Total	
Category of Service	MMs	Dollars	Units	Unit Cost	Util/K	PPPM	Dollars	Units	Unit Cost	Util/K	PPPM	Dollars	PPPM
1915(c) Waiver	51,098	\$ 92,486,711	1,306,782	\$ 70.77	306,888	\$ 1,809.98	\$ -	-	\$ -	-	\$ -	\$ 92,486,711	\$ 1,809.98
BH - Inpatient	51,098	\$ 117,087	43	\$ 2,722.96	10	\$ 2.29	\$ 411,130	45	\$ 9,136.22	11	\$ 8.05	\$ 528,217	\$ 10.34
BH - Outpatient	51,098	\$ 105,205	1,047	\$ 100.48	246	\$ 2.06	\$ 352,652	1,061	\$ 332.38	249	\$ 6.90	\$ 457,857	\$ 8.96
BH - Professional	51,098	\$ 1,949,528	7,262	\$ 268.46	1,705	\$ 38.15	\$ 397,785	6,177	\$ 64.40	1,451	\$ 7.78	\$ 2,347,313	\$ 45.94
Dental	51,098	\$ 116	4	\$ 28.98	1	\$ 0.00	\$ -	-	\$ -	-	\$ -	\$ 116	\$ 0.00
Diagnostic Imaging/X-ray	51,098	\$ 37,436	589	\$ 63.56	138	\$ 0.73	\$ 1,121,223	13,380	\$ 83.80	3,142	\$ 21.94	\$ 1,158,660	\$ 22.68
Dialysis	51,098	\$ 7,393	19	\$ 389.13	4	\$ 0.14	\$ 1,671,329	1,408	\$ 1,187.02	331	\$ 32.71	\$ 1,678,722	\$ 32.85
DME/DMS	51,098	\$ 6,258,543	93,355	\$ 67.04	21,924	\$ 122.48	\$ 2,061,559	14,862	\$ 138.71	3,490	\$ 40.35	\$ 8,320,102	\$ 162.83
Drugs	51,098	\$ 499,534	25,457	\$ 19.62	5,978	\$ 9.78	\$ -	-	\$ -	-	\$ -	\$ 499,534	\$ 9.78
Emergency Room	51,098	\$ 457,744	2,032	\$ 225.27	477	\$ 8.96	\$ 2,522,063	5,581	\$ 451.90	1,311	\$ 49.36	\$ 2,979,806	\$ 58.32
Home Health	51,098	\$ 3,406,166	41,279	\$ 82.52	9,694	\$ 66.66	\$ 2,802,812	982	\$ 2,854.19	231	\$ 54.85	\$ 6,208,978	\$ 121.51
Hospice	51,098	\$ 7,302	33	\$ 221.26	8	\$ 0.14	\$ 1,736,843	10,487	\$ 165.62	2,463	\$ 33.99	\$ 1,744,145	\$ 34.13
Inpatient Hospital	51,098	\$ 1,654,447	1,400	\$ 1,181.75	329	\$ 32.38	\$ 22,833,077	1,905	\$ 11,985.87	447	\$ 446.85	\$ 24,487,525	\$ 479.23
Laboratory	51,098	\$ 291,916	769	\$ 379.60	181	\$ 5.71	\$ 1,055,765	16,705	\$ 63.20	3,923	\$ 20.66	\$ 1,347,681	\$ 26.37
Other	51,098	\$ 235,827	2,380	\$ 99.09	559	\$ 4.62	\$ 664,707	2,234	\$ 297.54	525	\$ 13.01	\$ 900,534	\$ 17.62
Outpatient Hospital	51,098	\$ 1,104,492	4,930	\$ 224.03	1,158	\$ 21.62	\$ 4,605,040	8,167	\$ 563.86	1,918	\$ 90.12	\$ 5,709,532	\$ 111.74
Professional - Other	51,098	\$ 560,967	17,488	\$ 32.08	4,107	\$ 10.98	\$ 2,258,257	18,892	\$ 119.54	4,437	\$ 44.19	\$ 2,819,224	\$ 55.17
Professional - Primary Care	51,098	\$ 1,501,933	36,326	\$ 41.35	8,531	\$ 29.39	\$ 668,799	7,937	\$ 84.26	1,864	\$ 13.09	\$ 2,170,731	\$ 42.48
Professional - Specialty Care	51,098	\$ 184,640	4,320	\$ 42.74	1,015	\$ 3.61	\$ 11,689,802	82,836	\$ 141.12	19,453	\$ 228.77	\$ 11,874,442	\$ 232.39
Skilled Nursing Facility	51,098	\$ 63,438	319	\$ 198.86	75	\$ 1.24	\$ 2,405,858	5,495	\$ 437.83	1,290	\$ 47.08	\$ 2,469,296	\$ 48.32
State Plan HCBS	51,098	\$ 7,092,608	288,416	\$ 24.59	67,732	\$ 138.80	\$ -	-	\$ -	-	\$ -	\$ 7,092,608	\$ 138.80
Total	51,098	\$ 118,023,032		\$ 2,309.73	\$ 59,258,703				\$ 1,159.70	\$ 177,281,735		\$ 3,469.44	

COHORT UTILIZATION AND SPENDING (2012)

COMMUNITY DWELLING		CY12		Medicaid						Medicare						Total					
Under 65				Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	Units	Unit Cost	Util/K	PMPM	Dollars	PMPM						
Category of Service	MMs																				
1915(c) Waiver	265,380	\$	196,139	1,839	\$	106.66	83	\$	0.74	\$	-	-	\$	-	\$	196,139	\$	0.74			
BH - Inpatient	265,380	\$	3,057,578	1,832	\$	1,668.98	83	\$	11.52	\$	13,896,546	1,556	\$	8,930.94	70	\$	52.36	\$	16,954,123	\$	63.89
BH - Outpatient	265,380	\$	3,542,398	26,957	\$	131.41	1,219	\$	13.35	\$	6,919,703	20,354	\$	339.97	920	\$	26.07	\$	10,462,101	\$	39.42
BH - Professional	265,380	\$	54,281,940	163,820	\$	331.35	7,408	\$	204.54	\$	6,311,062	109,282	\$	57.75	4,942	\$	23.78	\$	60,593,002	\$	228.33
Dental	265,380	\$	109,454	430	\$	254.54	19	\$	0.41	\$	-	-	\$	-	-	\$	-	\$	109,454	\$	0.41
Diagnostic Imaging/X-ray	265,380	\$	39,767	649	\$	61.27	29	\$	0.15	\$	5,383,920	74,204	\$	72.56	3,355	\$	20.29	\$	5,423,687	\$	20.44
Dialysis	265,380	\$	127,839	430	\$	297.30	19	\$	0.48	\$	28,031,950	25,523	\$	1,098.30	1,154	\$	105.63	\$	28,159,789	\$	106.11
DME/DMS	265,380	\$	3,896,240	57,024	\$	68.33	2,579	\$	14.68	\$	10,653,346	50,960	\$	209.05	2,304	\$	40.14	\$	14,549,587	\$	54.83
Drugs	265,380	\$	1,028,845	59,444	\$	17.31	2,688	\$	3.88	\$	-	-	\$	-	-	\$	-	\$	1,028,845	\$	3.88
Emergency Room	265,380	\$	5,104,859	32,465	\$	157.24	1,468	\$	19.24	\$	24,631,900	73,467	\$	335.28	3,322	\$	92.82	\$	29,736,759	\$	112.05
Home Health	265,380	\$	2,742,308	11,333	\$	241.98	512	\$	10.33	\$	4,666,295	1,919	\$	2,431.63	87	\$	17.58	\$	7,408,603	\$	27.92
Hospice	265,380	\$	1,729,706	7,096	\$	243.76	321	\$	6.52	\$	1,985,669	10,977	\$	180.89	496	\$	7.48	\$	3,715,375	\$	14.00
Inpatient Hospital	265,380	\$	17,572,414	6,606	\$	2,660.07	299	\$	66.22	\$	121,220,526	8,474	\$	14,304.99	383	\$	456.78	\$	138,792,940	\$	523.00
Laboratory	265,380	\$	4,180,231	9,354	\$	446.89	423	\$	15.75	\$	5,695,408	60,935	\$	93.47	2,755	\$	21.46	\$	9,875,639	\$	37.21
Other	265,380	\$	2,342,981	13,949	\$	167.97	631	\$	8.83	\$	4,616,919	7,872	\$	586.50	356	\$	17.40	\$	6,959,900	\$	26.23
Outpatient Hospital	265,380	\$	10,215,684	43,905	\$	232.68	1,985	\$	38.49	\$	44,663,227	60,272	\$	741.03	2,725	\$	168.30	\$	54,878,912	\$	206.79
Professional - Other	265,380	\$	550,308	18,940	\$	29.06	856	\$	2.07	\$	1,934,461	18,306	\$	105.67	828	\$	7.29	\$	2,484,769	\$	9.36
Professional - Primary Care	265,380	\$	6,106,863	164,736	\$	37.07	7,449	\$	23.01	\$	3,507,226	44,103	\$	79.52	1,994	\$	13.22	\$	9,614,089	\$	36.23
Professional - Specialty Care	265,380	\$	463,914	6,833	\$	67.89	309	\$	1.75	\$	39,271,092	282,979	\$	138.78	12,796	\$	147.98	\$	39,735,006	\$	149.73
Skilled Nursing Facility	265,380	\$	682,386	4,380	\$	155.80	198	\$	2.57	\$	6,876,785	18,348	\$	374.80	830	\$	25.91	\$	7,559,172	\$	28.48
State Plan HCBS	265,380	\$	2,686,598	93,764	\$	28.65	4,240	\$	10.12	\$	-	-	\$	-	-	\$	-	\$	2,686,598	\$	10.12
Total	265,380	\$	120,658,454				\$	454.66	\$	330,266,035			\$	1,244.50	\$	450,924,488	\$	1,699.16			

COHORT UTILIZATION AND SPENDING (2012)

COMMUNITY DWELLING		CY12		Medicaid						Medicare						Total											
65 and Older		Category of Service	MMs	Dollars		Units		Unit Cost		Util/K		PMPM		Dollars		Units		Unit Cost		Util/K		PMPM		Dollars		PMPM	
1915(c) Waiver	235,421	\$	699,632	8,269	\$	84.61		421	\$	2.97	\$	-		-	\$	-	\$	-	\$	699,632	\$	2.97					
BH - Inpatient	235,421	\$	2,671,475	327	\$	8,169.65		17	\$	11.35	\$	2,748,554		227	\$	12,108.17		12	\$	11.68	\$	5,420,030	\$	23.02			
BH - Outpatient	235,421	\$	473,065	3,307	\$	143.05		169	\$	2.01	\$	1,072,017		2,578	\$	415.83		131	\$	4.55	\$	1,545,082	\$	6.56			
BH - Professional	235,421	\$	6,110,084	20,735	\$	294.67		1,057	\$	25.95	\$	1,194,410		18,664	\$	64.00		951	\$	5.07	\$	7,304,494	\$	31.03			
Dental	235,421	\$	608	7	\$	86.81		0	\$	0.00	\$	-		-	\$	-	-	\$	-	\$	608	\$	0.00				
Diagnostic Imaging/X-ray	235,421	\$	79,498	847	\$	93.86		43	\$	0.34	\$	4,739,666		59,593	\$	79.53		3,038	\$	20.13	\$	4,819,164	\$	20.47			
Dialysis	235,421	\$	33,385	74	\$	451.15		4	\$	0.14	\$	7,995,304		9,664	\$	827.33		493	\$	33.96	\$	8,028,689	\$	34.10			
DME/DMS	235,421	\$	5,005,671	83,117	\$	60.22		4,237	\$	21.26	\$	6,434,680		44,857	\$	143.45		2,286	\$	27.33	\$	11,440,351	\$	48.60			
Drugs	235,421	\$	3,082,535	80,450	\$	38.32		4,101	\$	13.09	\$	-		-	\$	-	-	\$	-	\$	3,082,535	\$	13.09				
Emergency Room	235,421	\$	2,371,987	10,714	\$	221.39		546	\$	10.08	\$	12,220,827		27,943	\$	437.35		1,424	\$	51.91	\$	14,592,814	\$	61.99			
Home Health	235,421	\$	2,944,219	14,407	\$	204.36		734	\$	12.51	\$	8,894,490		3,232	\$	2,752.01		165	\$	37.78	\$	11,838,710	\$	50.29			
Hospice	235,421	\$	10,160,098	51,796	\$	196.16		2,640	\$	43.16	\$	12,305,970		73,608	\$	167.18		3,752	\$	52.27	\$	22,466,068	\$	95.43			
Inpatient Hospital	235,421	\$	9,304,653	5,293	\$	1,757.92		270	\$	39.52	\$	110,405,911		8,149	\$	13,548.40		415	\$	468.97	\$	119,710,564	\$	508.50			
Laboratory	235,421	\$	1,194,801	4,700	\$	254.21		240	\$	5.08	\$	3,679,715		55,459	\$	66.35		2,827	\$	15.63	\$	4,874,516	\$	20.71			
Other	235,421	\$	845,765	6,915	\$	122.31		352	\$	3.59	\$	2,393,552		7,375	\$	324.55		376	\$	10.17	\$	3,239,317	\$	13.76			
Outpatient Hospital	235,421	\$	7,075,602	29,263	\$	241.79		1,492	\$	30.06	\$	31,297,758		47,512	\$	658.73		2,422	\$	132.94	\$	38,373,359	\$	163.00			
Professional - Other	235,421	\$	392,988	11,871	\$	33.10		605	\$	1.67	\$	1,317,563		13,357	\$	98.64		681	\$	5.60	\$	1,710,551	\$	7.27			
Professional - Primary Care	235,421	\$	5,826,767	135,278	\$	43.07		6,895	\$	24.75	\$	3,213,273		38,936	\$	82.53		1,985	\$	13.65	\$	9,040,040	\$	38.40			
Professional - Specialty Care	235,421	\$	578,806	9,067	\$	63.84		462	\$	2.46	\$	40,843,013		280,032	\$	145.85		14,274	\$	173.49	\$	41,421,819	\$	175.95			
Skilled Nursing Facility	235,421	\$	3,448,873	21,924	\$	157.31		1,118	\$	14.65	\$	19,302,183		51,697	\$	373.37		2,635	\$	81.99	\$	22,751,055	\$	96.64			
State Plan HCBS	235,421	\$	8,869,869	338,077	\$	26.24		17,233	\$	37.68	\$	-		-	\$	-	-	\$	-	\$	8,869,869	\$	37.68				
Total	235,421	\$	71,170,381		\$	302.31		\$	270,058,886		\$	1,147.13		\$	341,229,267		\$	1,449.45									

NOTES ON UTILIZATION AND SPENDING TABLES

Excluded Populations

This databook contains information on enrollment and costs incurred for the Full Dual Eligible population in Maryland during calendar years 2012 and 2013, with the following exceptions:

- Members enrolled in DD, Autism, or TBI waivers are excluded. These members were identified using the Special Programs enrollment file provided by Hilltop, according to the following code groupings:
 - DD: DRM, DRW, MRM, MRW, NRM, NRW, NRX
 - Autism: AUT
 - TBI: TBI, TBM, TBW
- Due to their similarity to these excluded waiver groups, any members receiving ICF/IDD services have likewise been excluded.
- Members for whom the eligibility data indicates HealthChoice, HMO, or PAC enrollment are also excluded.
- As noted in the previous Data Validation deliverable, members participating in a Medicare Advantage program have been excluded.

NOTES ON UTILIZATION AND SPENDING TABLES

Population Identification

The Nursing Facility population has been identified through an examination of the members' SNF costs over time. Members that incur SNF costs of at least \$1,000 per month for a minimum of four *consecutive* months or six *total* months during a calendar year are designated as long term SNF residents.

High Waiver and Waiver members are identified in a similar fashion, but the threshold used is \$100 per month. Members that incur HCBS/waiver costs of at least \$4,000 per month make up the High Waiver group. This roughly equates to the costliest 15% of the population meeting the Waiver threshold. Figures for the High Waiver and Waiver populations are mutually exclusive.

All other Full Dual Eligible members are classified as Community Dwelling.

NOTES ON UTILIZATION AND SPENDING TABLES

Additional Notes

All information contained in this databook should be considered preliminary, and it may be subject to change pending further analysis.

Skilled Nursing Facility and Hospice utilization figures represent a count of service days. Utilization for all other categories of service is reported as a claim count.

Utilization data is not shown for the combination of Medicaid and Medicare because further investigation is needed to determine a method of aggregating the information that avoids under- or overstatement.

The 1915(c) Waiver and State Plan HCBS categories of service have been identified using the list of procedure codes provided by Hilltop. Codes primarily associated with DD, Autism or TBI waivers have been excluded.

Behavioral Health (BH) services have been identified as claims with a primary diagnosis code in the 290.XX-319.XX range, all of which represent behavioral health diagnoses. The inpatient, outpatient, and professional splits for this category of service are derived from the file type in which each claim is found.

Medicaid Pharmacy (Drugs) costs and utilization have been included in this iteration of the databook, but may not be included in the final development of the benchmarks for the SIM target population. Additionally, the Medicare Pharmacy costs and utilization are reported as zero because Medicare Part D data is not available, and thus it will not be included in the development of the benchmarks.